In-Transit Loss Report

Date of Report			
Reported By			
Department			
Shipmont/Consignment Number			
Shipment/Consignment Number			
Carrier/Transporter			
Carrier/ Transporter			
Origin			
Origin			
Destination			
Date of Shipment			
Expected Delivery Date			
Description of Loss			
Details of Lost/Damaged Items			
Item Description	Quantity	Loss Type	Estimated Value

Action Taken

Remarks / Additional Information		
Signature		
Date		